

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097380781**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2					1		52						
3		2				1	53						
4		2				1	54						
5	1				1		55						
6		1				1	56						
7	1				1		57						
8		1				1	58						
9		1				1	59						
10	1				1		60						
11		1				1	61						
12		1			1		62						
13		1				1	63						
14	1				1		64						
15		1				1	65						
16	1				1		66						
17		1				1	67						
18		3				1	68						
19		3				1	69						
20	1				1		70						
21	1				1		71						
22					1		72						
23					1		73						
24						1	74						
25						1	75						
26					1		76						
27						1	77						
28						1	78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8				9		TOTAL IND.						
TOTAL DEP.	19				15		TOTAL DEP.						
TOTAL CLAIMS	27				24		TOTAL CLAIMS						